



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/699,445
		Filing Date	October 30, 2003
		First Named Inventor	Shuler, Eric T.
		Art Unit	Unassigned
		Examiner Name	Unassigned
Total Number of Pages in This Submission	4	Attorney Docket Number	020824-006610US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Patrick R. Jewik Reg. No. 40,456
Signature	
Date	December 1, 2003

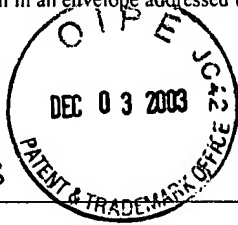
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Signature		Date	December 1, 2003

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PATENT
Attorney Docket No.: 020824-006610US
Client Reference No.: Fridge
Phonics/Fridge Farm 191.01

On 12-1-03



TOWNSEND and TOWNSEND and CREW LLP

By: London Clark

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

SHULER, et al.

Application No.: 10/699,445

Filed: October 30, 2003

For: TOY FOR USE WITH VERTICAL
SURFACES

Examiner: Unassigned

Art Unit: Unassigned

INFORMATION DISCLOSURE
STATEMENT UNDER 37 CFR §1.97 and
§1.98

Commissioner for Patents
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Sir:

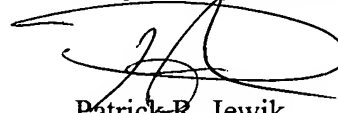
The references cited on attached form PTO/SB/08A are being called to the attention of the Examiner. In accordance with the USPTO's decision to waive the requirement under 37 CFR 1.98 (a)(2)(i) for U.S. patents and published patent applications for all U.S. national patent applications filed after June 30, 2003, applicant has not submitted copies of the references.

It is respectfully requested that the all references cited on the attached PTO/SB/08B be expressly considered during the prosecution of this application, be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

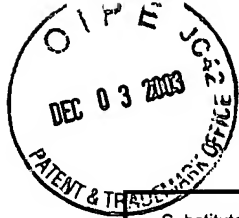
Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

A handwritten signature in black ink, appearing to be 'Patrick R. Jewik', written over a horizontal line.

Patrick R. Jewik
Reg. No. 40,456

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 415-576-0200
Fax: 415-576-0300
PRJ/llc
60091772 v1



Substitute for form 1449B/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet

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Complete if Known

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Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	020824-006610US

U.S. PATENT DOCUMENTS+

Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
	AA	US-4,986,780	01-22-2001	Sougawa	
	AB	US-5,188,533	02-23-1993	Wood	
	AC	US-5,224,895	07-06-1993	Franz	
	AD	US-5,328,373	07-12-1994	Wood	
	AE	US-5,511,980	04-30-1996	Wood	
	AF	US-5,813,861	09-29-1998	Wood	
	AG	US-5,944,533	08-31-1999	Wood	
	AH	US-5,997,304	12-07-1999	Wood	
	AI	US-6,302,363	10-16-2001	Olson, et al.	
	AJ	US-6,608,618	08-19-2003	Wood, et al.	
	AK	US-6,641,401	11-04-2003	Wood, et al.	
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FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁸
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				

NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.